



2013 Benefit Plans & COBRA Rates

HEALTH PLAN - HUMANA	Traditional Plans		Health Savings Account Eligible	
In Network Plan Design	NEW - PPO 1	NEW - PPO 2	HSA 1	HSA 2
LFUCG Wellness Center Visit	\$0 Co-Pay	\$0 Co-Pay	\$0 Co-Pay	\$0 Co-Pay
Office Visit Co-Pay (PCP/Specialist)	\$15/\$30 Co-Pay	\$30/\$60 Co-Pay	Deductible, 100%	Deductible; 80/20%
Urgent Treatment Center	\$60 Co-Pay	\$100 Co-Pay	Deductible, 100%	Deductible; 80/20%
Emergency Room	Deductible, 80/20%	Deductible, 80/20%	Deductible, 100%	Deductible, 80/20%
Inpatient	Deductible, 80/20%	Deductible, 80/20%	Deductible, 100%	Deductible; 80/20%
Outpatient	Deductible, 80/20%	Deductible, 80/20%	Deductible, 100%	Deductible; 80/20%
Other Outpatient Services (Clinic, Office Setting)	Deductible, 80/20%	Deductible, 80/20%	Deductible, 100%	Deductible, 80/20%
Deductible (Single, Family Max.)	\$500/\$1,000	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinurance	80/20%	80/20%	100%	80/20%
Max Out Pocket (includes deductible)	\$1,500/\$3,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000
Pharmacy	\$10/30/60 Co-Pay	\$10/30/60 Co-Pay	Deductible, 100%	Deductible, 80/20%
On-Site Pharmacy	\$3/15/30 Co-Pay	\$3/15/30 Co-Pay	Deductible, 100%	Deductible, 80/20%
Monthly COBRA Rates				
Employee	\$657.14	\$486.29	\$460.00	\$394.28
Employee/Spouse	\$1,195.99	\$885.04	\$837.20	\$717.59
Employee/Child(ren)	\$1,117.13	\$826.69	\$782.00	\$670.28
Family	\$1,393.13	\$1,030.92	\$975.20	\$835.88

Note: no change to Benefit Design for Dental Plans or Eyemed Vision Plan. 2013 COBRA Premiums are listed below:

DENTAL - DELTA DENTAL

Monthly COBRA Rates	Option 1 - Premier	Option 2 - PPO Plus
Employee	\$32.29	\$24.50
Employee/Spouse	\$62.33	\$47.78
Employee/Child(ren)	\$59.73	\$60.76
Family	\$96.53	\$92.37

VISION - EYEMED VISION

Monthly COBRA Rates	
Employee	\$6.12
Employee/Spouse	\$11.53
Employee/Child(ren)	\$12.14
Family	\$17.75